



*Cal* E·M·A

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CALIFORNIA EMERGENCY  
MANAGEMENT AGENCY

**Matt Bettenhausen, Secretary**

# **FY 09 Fiscal Management Workshop**

## **Agenda**

- **Overview**
- **Financial Management Forms  
Workbook (FMFW)**
- **Cash / Advance / Modification  
Request**
- **Grant Close Out**
- **FMFW Demonstration**

# Overview: Contacts

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## **Program Representatives:**

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**Michael Cheng    (916) 324-6779    michael.cheng@ohs.ca.gov**

**Gina Joaquin      (916) 324-6551      gina.joaquin@ohs.ca.gov**

**Rose Nguyen      (916) 322-2607      rose.nguyen@ohs.ca.gov**

# **Overview: Fiscal and Reporting Unit**

**The F&RU is responsible for processing all requests for reimbursement from subgrantees across all grants, submitting Initial Strategy Implementation Plans (ISIP) and Biannual Strategy Implementation Reports (BSIR)**

**The F&RU is also the lead in providing grant related information to support Cal EMA's annual report, reports to the legislature and California's State Preparedness Report (SPR). The F&RU conducts several workshops throughout the year on reports and recordkeeping, fiscal management and Biannual Strategy Implementation Reporting.**

# **Overview: Fiscal and Reporting Unit**

**Two primary areas of responsibility:**

- **Automated Ledger System (ALS) for “Fiscal” issues**
- **Grants Reporting Tool (GRT) for “Reporting” issues**

# **Overview: Automated Ledger System (ALS)**

- **Enter and track all Homeland Security grants**
- **All cash reimbursements, modifications and advances completed using ALS**
- **Processed more than \$884 million in reimbursements since 2005**



# OHS Grant Management System

Exit

# **Overview: Financial Management Forms Workbook**

- **FY 09 Application Workshop**
- **FY 09 Fiscal Management Workshop**



# **Overview: Financial Management Forms Workbook**

- **Foundation of Subgrantee Application**
- **Project Ledger is the basis for Project Planning**
- **Equipment Purchases (AEL #)**
- **Training Courses (Feedback #)**

# **Overview: Cash & Modification Request**

- **FY06 to FY09 ONE modification request per quarter**

**(State Agencies are not permitted modifications and any changes to the submitted application must be approved by Cal EMA on a case by case basis)**

- **All grants, ONE cash /advance request per month**

# **Overivew: Quarter Dates**

- **Quarter Dates for FY 2010**
  - **Award date - 12/31**
  - **1/1 - 3/31**
  - **4/1 - 6/30**
  - **7/1 - 9/30**
  - **10/1 - 12/31**

# **Financial Management Forms Workbook**

**V1.10**

# **FMFW Improvement for FY09**

- **The FMFW is unlocked**
- **Instructions**
- **Application Check list**
- **Summary (BSIR)**
- **AEL Database (Removed)**
- **Macros are included to reduce redundant tasks**

# Web Link: [www.calema.ca.gov](http://www.calema.ca.gov)



## California Emergency Management Agency

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### NEWS & EVENTS



#### Cal EMA Officials Discuss 'May Revise' Budget Impact

Top officials from the California Emergency Management Agency (CalEMA), California Natural Resources Agency and CAL FIRE discuss the impacts of the Governor's May Revise budget proposals and the Emergency Response Initiative. Audio podcast available to listen to the press conference and question & answer session.

[Read more](#)



#### Photos of Gov. Schwarzenegger Signing Executive Order to Boost State's Wildfire Preparedness and Resources

As part of Governor Arnold Schwarzenegger's ongoing commitment to emergency preparedness, today he issued Executive Order S-05-09,

[Read more](#)



**H1N1 Influenza Information**

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*Maria Shriver*

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ACTING SECRETARY  
MATTHEW BETTENHAUSEN

California Emergency  
Management Agency

### CALEMA DIVISIONS


- » Administrative Services
- » Executive Division
- » Homeland Security
- » Law Enforcement and Victim Services (LEVS)
- » Preparedness and Training
- » Regional Operations
- » Response and Recovery
- » Office for Access and Functional Needs

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California Emergency Management Agency


### CALEMA DIVISIONS

- » Administrative Services
- » Executive Division
- » Homeland Security**

### NEWS & EVENTS



**California Emergency Management Agency Ribbon Commission Engine to Santa Maria**  
Representatives from Cal EMA, the Santa Maria Fire Department, and other local agencies participated in an event to transfer the engine to the local jurisdiction in recognition of the engine's role in the Santa Maria Fire Department's Engine Program and its benefit to statewide fire departments. The Governor's Blue Ribbon Fire Commission presented the engine to the Santa Maria Fire Department.



**Lodi Fire Department Receives Cal EMA Engine**  
Cal EMA held an event at Lodi Fire Department, Station #3 recognizing the department's long history of service and its commitment to the community.

- (LEVS) Criminal Justice
- Grants KRS/KN
- Homeland Security**
- Emergency Management
- Performance
- Law Enforcement
- Hazard Mitigation
- Hazard Materials
- Emergency Preparedness (HMEP)
- Emergency Operations Center Grant

## Grants > Homeland Security





## CALEMA DIVISIONS

- Administrative Services
- Executive Division
- Homeland Security
- Law Enforcement and Victim Services (LEVS)
- Preparedness and Training
- Regional Operations
- Response and Recovery
- Office for Access and Functional Needs

## HOMELAND SECURITY BRANCHES

- Citizen Preparedness
- Critical Infrastructure
- Grant Management

## Homeland Security --> Grant Management

### Grants management

#### Mission Statement

The mission of the Grants Management Directorate (GMD) is to provide timely grant reimbursements to subgrantees of the Homeland Security Grant Program (HSGP), Transit Security Grant Program (TSGP), Infrastructure Protection Grant Unit (IPGU), and all other subgrantees receiving homeland security funding. The GMD shall also provide programmatic technical assistance to all Office of Homeland Security (OHS) subgrantees while ensuring grant expenditures are in compliance with all state and federal grant requirements. The GMD was created to enhance and improve the overall customer service of the Governor's Office of Homeland Security (OHS).

#### Fiscal and Reporting Unit (F&RU)

The F&RU is responsible for processing all requests for reimbursement from subgrantees across all grants, submitting Initial Strategy Implementation Plans (ISIP), Biannual Strategy Implementation Reports (BSIR), Categorical Assistance Program Reports (CAPR) and the Monthly Accomplishment Summaries which are posted on the OHS website. The F&RU is also the lead in providing grant related information in support OHS's annual report, reports to the legislature and California's State Preparedness Report (SPR). The F&RU conducts several workshops throughout the year including Reports and Recordkeeping, Fiscal Management and Biannual Strategy Implementation Reporting.

#### Homeland Security Grant Unit (HSGU)

The Homeland Security Grant Unit (HSGU) is responsible for the overall grant management of California's State Homeland Security Grant Program (SHSGP), Law Enforcement Terrorism Prevention Program LETPP, Urban Area Security Initiative (UASI), Metropolitan Medical Response System (MMRS), and Citizen Corps Program (CCP) grant programs. The HSGU conducts workshops throughout the state on grants management and grant application workshops. The HSGU is also responsible for the annual Investment Justification Planning Conference and coordinating the development and submission of California's applications for homeland security grant funds.

#### Transit Security Grant Unit (TSGU)

The Transit Security Grant Unit (TSGU) is responsible for the overall grant management of the Transit Security Grant Program (TSGP), Transit Security Grant - Ferry, Transit Security Grant Program - Supplemental (TSGP- Supp) and Proposition 1B funded programs. The TSGU administers transit related grants in coordination with California's four (4) Regional Transit Security Working Groups (RTSWG).

#### Infrastructure Protection Grant Unit (IPGU)

The Infrastructure Protection Grant Unit (IPGU) is responsible for the overall grant management of the California Port and Maritime Security Grant Program funded from Proposition 1B funds, the Public Safety Interoperable Communications (PSIC), Urban Area Security Initiative-Non Profit Security Grant Program (NSGP), Operation Stonegarden (OPSG), and Regional Catastrophic Preparedness Planning Grant (RCPPG) grant programs. The IPGU also supports Buffer Zone Protection Program grants and California's federal Port Security Grant Program (PSGP) submission. Grant management activities in the IPGU are coordinated with the California Maritime Security Council and Area Maritime Security Councils, the California Statewide Interoperability Executive Committee (CAL SIEC) and the Public Safety Radio Strategic Planning Committee.

## RELATED LINKS

[Assistance to Firefighters Grant](#)

[FAQs](#)

[Fiscal and Reporting](#)

[Grant Tools](#)

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- » [Critical Infrastructure](#)
- » [Grant Management](#)

[Homeland Security](#) --> [Grant Management](#) --> [Fiscal and Reporting](#) --> [Financial Management Forms Workbook](#)



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### Financial Management Forms Workbook

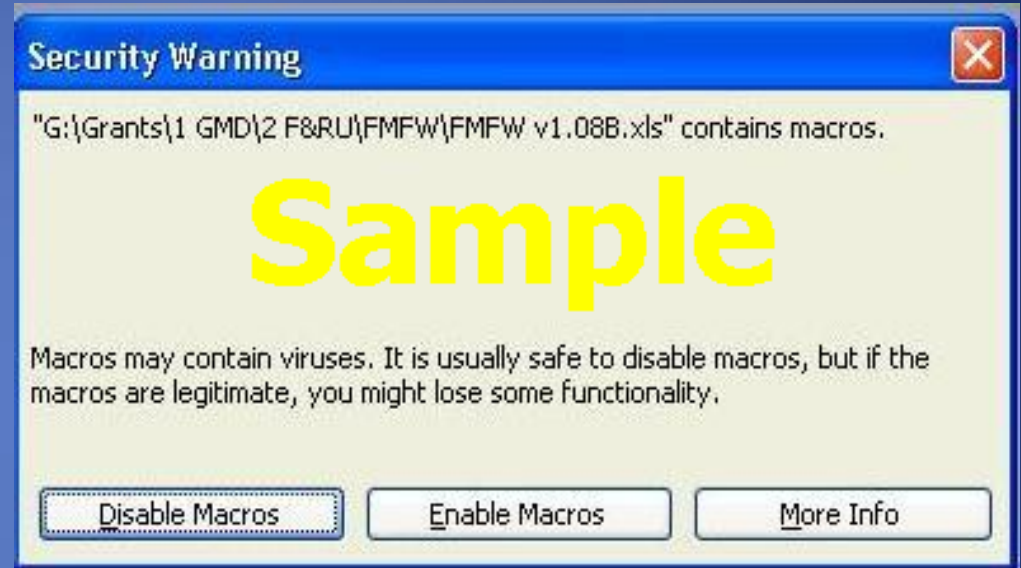
- » [Excel document with macros](#)
- » [Excel document without macros](#)

## RELATED LINKS

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- [Grant Tools](#)
- [Homeland Security](#)
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- [Monitoring and Audits](#)
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# Instructions to enable macros for Excel 2003

1. Click on "Tools"
2. "Macros"
3. "Security"
4. Set it to "Medium"
5. Save / Close / Reopen the FMFW
6. Click on "Enable Macros"



# **Instructions to enable macros for Excel 2007 (Part 1)**

- 1. Click on the round Office Button in the top left**
- 2. Click on Excel Options in the lower right of the drop down box**
- 3. Select Popular Module along the left side**
- 4. Check the Show Developer tab in the Ribbon option**
- 5. Hit OK**

# **Instructions to enable macros for Excel 2007 (Part 2)**

- 1. Click on the Office button in the top left (again)**
- 2. Click on Excel Options in the lower right of the drop down box**
- 3. Select the Trust Center module along the left**
- 4. Click on the Trust Center Settings... button**
- 5. Select the Macro Settings module along the left**
- 6. Set the Macro Settings to Enable all macros...**
- 7. Check the Trust access to the VBA project... option**
- 8. Hit OK**

# **Financial Management Forms Workbook Composition**

- 1. Instructions**
- 2. Application Cover Sheet**
- 3. Project Descriptions**
- 4. Grant Management Roster**
- 5. Project Ledger**
- 6. Equipment Inventory**

# **Financial Management Forms Workbook Composition**

**7. Training Roster**

**8. Planning Roster**

**9. Exercise Roster**

**10. Authorized Agent Signature Page**

**11. Application Check List**

**12. Summary**



|           |                |         |     |          |  |
|-----------|----------------|---------|-----|----------|--|
| Instruct. | Auth.<br>Agent | Summary | AEL | Specific | INSTRUCTIONS FOR COMPLETING CALEMA GRANT APPLICATION |
|-----------|----------------|---------|-----|----------|--|

This tab provides detailed instructions on how to complete the Financial Management Forms Workbook v1.09 (FMFW). For further guidance, please refer to your Program Representative. If you experience technical difficulties, please contact Fiscal & Reporting Unit staff (contact information located at the bottom of this sheet).

| TAB | SECTION | EXPLANATION |
|-----|---------|-------------|
|-----|---------|-------------|

## COVER SHEET

Use the Cover Sheet to apply for grant programs. Each grant program requires its own separate cover sheet.

## CFDA Number

Enter CFDA number (optional). Enter only once on the Cover Sheet. The number will be carried over to all sheets to

## Applicant Information Area

Complete this area by providing your organization's name, FIPS number, Date, and Grant ID number. This information will be carried over to subsequent tabs and will not have to be re-entered.

# Sample



## FIPS Lookup

Use this button to look up the FIPS number associated with your organization. Organization name must be entered for this function to be able to search the FIPS number list. If not entered correctly, or if name does not exist in the list, please enter it manually. If FIPS number is not known, contact your Program Representative.



## Today's Date

Press this button to automatically enter current date into date fields on Cover Sheet.

## Program Selection

Use the Up/Down arrows to select your grant program. Additional grant programs will require separate cover sheets. **Each additional cover sheet must have original signatures.** Grant program's unique Statement of Certification will auto-populate at bottom of cover sheet.

## Amount Requested

Provide the amount that you are requesting for the specified grant program. Each additional grant program requires its own separate amount. Do not combine multiple grant program amounts on any one cover sheet.



|    | A  | B              | C       | D   | E        | F                             | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X |
|----|--|----------------|---------|-----|----------|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1  | CALIFORNIA EMERGENCY MANAGEMENT AGENCY   |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | Instruct.  | Auth.<br>Agent | Summary | AEL | Specific | GRANT APPLICATION COVER SHEET |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | <i>Alterations to this document may result in delayed application approval, modification, or reimbursement requests.</i> |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | <i>Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.</i>              |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | CFDA #: 123456789  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 13 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 16 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 25 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 27 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 31 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 32 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 33 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 36 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 37 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 38 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 39 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 46 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 47 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 48 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 51 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 52 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 53 |  |                |         |     |          |                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |



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10. Statements of Certification

Statement of Certification-Approval Authority Body - NSGP

By signing below, I hereby certify I am the duly appointed Authorized Agent as described in the Governing Body Resolution and have the authority to apply for the Nonprofit Security Grant Program, and the organization's application represents the needs for the Nonprofit Security Grant Program.

Select Application Type: UASI, OA, SA, or TA- OA

▲

▼

Statement of Certification - County Authorized Agent - By signing below, I hereby certify I am the duly appointed Authorized Agent and have the authority to apply for this Grant Program and the Operational Area's application represents the needs for this Grant Program.

11. Authorized Agent name/signature/date

| Printed Name | Signature | Date                  |
|--------------|-----------|-----------------------|
|              | Sample    | Tuesday, May 19, 2009 |

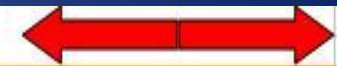
COPY SHEET

If applying for multiple grant programs, you must submit one Cover Sheet for each additional grant program. Click on the button to the left to create a copy of this Cover Sheet.  
**TIP:** Complete your first Cover Sheet entirely before making additional copies. This method will copy your data to the new Cover Sheet and prevent from having to re-enter the information. On the copy, select the new grant program and enter the appropriate year and amount. The copied sheet will automatically be placed immediately after this sheet.

FORMULA RESET

Reset all formulas on this tab. Use if formulas were accidentally deleted.

# CALIFORNIA EMERGENCY MANAGEMENT AGENCY



| PROJECT LEDGER  |             |   |                |            |               |                            |                 |                          |                       |              |                     |                        |                     |  |  |
|---|-------------|---|----------------|------------|---------------|----------------------------|-----------------|--------------------------|-----------------------|--------------|---------------------|------------------------|---------------------|--|--|
| U   | Auth. Agent | Summary                                   | AEL            | Specific   |               |                            |                 |                          |                       |              |                     |                        |                     |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;"> <p style="color: #c00000;">Alterations to this document may result in delayed application approval, modification, or reimbursement requests.</p> <p style="color: #c00000;">Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.</p> <p style="background-color: yellow;">Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.</p> </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">CFDA #: 123456789</div> </div> </div> |             |   |                |            |               |                            |                 |                          |                       |              |                     |                        |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | CLEAR        | LEDGER TYPE:        | Initial Application    |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | Initial App. | Today's Date:       | Tuesday, June 02, 2009 |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | Cash Req.    | Expenditure Period: | (Date) From:           |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | MOD.         |                     |                        |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | Advance      |                     |                        |                     |  |  |
|   |             |   |                |            |               |                            |                 |                          |                       | PREPARE      |                     |                        |                     |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="background-color: #008000; color: white; padding: 2px;">SELECTION</div> <div style="background-color: #008000; color: white; padding: 2px;">SELECTION</div> <div style="background-color: #ff0000; color: white; padding: 2px;">SELECTION</div> <div style="background-color: #0000ff; color: white; padding: 2px;">SELECTION</div> </div>   |             |   |                |            | FORMULA RESET | ROW SIZE 15                | ROW SIZE AUTO   | Calendar                 | NEW CASH/ MOD REQUEST | NEW MOD ITEM |                     |                        |                     |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="background-color: #008000; color: white; padding: 2px;">ROW</div> <div style="background-color: #008000; color: white; padding: 2px;">ROW</div> <div style="background-color: #ff0000; color: white; padding: 2px;">ROW</div> <div style="background-color: #0000ff; color: white; padding: 2px;">ROW</div> </div>   |             |   |                |            |               |                            |                 |                          |                       |              |                     |                        |                     |  |  |
| Item Number   | Project     | Project Name                              | Funding Source | Discipline | Solution Area | Solution Area Sub-Category | Total Obligated | Amount Approved Previous | Amount This Request   | Match Amount | Total Approved      | Remaining Balance      | Percentage Complete |  |  |
|   |             |   | S H            | S H        | S H           | S H                        | 971,126         | -                        | -                     | -            | -                   | -                      | -                   |  |  |
| 1   | A           | Computer Aided Dispatch Interconnectivity | SHSGP          | LE         | Equip         | Interoperable              | 34,000          |                          |                       |              | -                   | -                      |                     |  |  |
| 2   | A           | Computer Aided Dispatch Interconnectivity | SHSGP          | LE         | Equip         | Interoperable              | 1,000           |                          |                       |              | -                   | -                      |                     |  |  |
| 3   | A           | Computer Aided Dispatch Interconnectivity | SHSGP          | LE         | M & A         | Hiring of Full or          | 250             |                          |                       |              | -                   | -                      |                     |  |  |
| 4   | B           | Telephonic Emergency Alert System         | SHSGP          | LE         | Equip         | Information                | 2,000           |                          |                       |              | -                   | -                      |                     |  |  |
| 5   | B           | Telephonic Emergency Alert System         | SHSGP          | LE         | Plan          | Training                   | 2,000           |                          |                       |              | -                   | -                      |                     |  |  |
| 6   | B           | Telephonic Emergency Alert System         | SHSGP          | LE         | M & A         | Hiring of Full or          | 500             |                          |                       |              | -                   | -                      |                     |  |  |
| 7   | C           | Hazardous Materials Team-SCBA             | SHSGP          | HM         | Equip         | Personal                   | 50,000          |                          |                       |              | -                   | -                      |                     |  |  |
| 8   | C           | Hazardous Materials Team-SCBA             | SHSGP          | HM         | M & A         | Hiring of Full or          | 1,400           |                          |                       |              | -                   | -                      |                     |  |  |
| 9   | D           | Interoperable Communications Equipment    | SHSGP          | LE         | Equip         | Interoperable              | 91,600          |                          |                       |              | -                   | -                      |                     |  |  |
| 10  | D           | Interoperable Communications Equipment    | SHSGP          | LE         | M & A         | Hiring of Full or          | 2,832           |                          |                       |              | -                   | -                      |                     |  |  |
| 11  | E           | Emergency Operating Center Strategic      | SHSGP          | EMG        | Plan          | Develop or                 | 32,000          |                          |                       |              | -                   | -                      |                     |  |  |
| 12  | E           | Emergency Operating Center Strategic      | SHSGP          | EMG        | M & A         | Hiring of Full or          | 1,000           |                          |                       |              | -                   | -                      |                     |  |  |
| 13  | F           | Geographic Information System Data        | SHSGP          | EMG        | Plan          | Develop,                   | 35,000          |                          |                       |              | -                   | -                      |                     |  |  |
| 14  | F           | Geographic Information System Data        | SHSGP          | EMG        | Plan          | Develop or                 | 85,000          | -                        |                       |              | -                   | -                      |                     |  |  |
| 15  | F           | Geographic Information System Data        | SHSGP          | EMG        | Equip         | Information                | 12,000          | -                        |                       |              | -                   | -                      |                     |  |  |
| 16  | F           | Geographic Information System Data        | SHSGP          | EMG        | M & A         | Hiring of Full or          | 4,200           | -                        |                       |              | -                   | -                      |                     |  |  |
| 17  | G           | Evacuation Planning                       | SHSGP          | LE         | Org           | Develop and                | 48,000          | -                        |                       |              | -                   | -                      |                     |  |  |
| 18  | G           | Evacuation Planning                       | SHSGP          | LE         | M & A         | Hiring of Full or          | 1,500           | -                        |                       |              | -                   | -                      |                     |  |  |
| 19  | H           | Urban Search and Rescue                   | SHSGP          | FS         | Equip         | CBRNE Search               | 78,250          | -                        |                       |              | -                   | -                      |                     |  |  |

Sample

# **FMFW: Project Descriptions**

- **20 Projects maximum (A to T)**
- **Please include project letter when entering in BSIR**
- **Be as descriptive and concise as possible (Max 1000 Characters)**
- **Do not use terms that are only meaningful locally**
- **Project Milestone & Justifications**



# CALIFORNIA EMERGENCY MANAGEMENT AGENCY



| Instruct. | Auth. Agent | Summary | AEL | Specific | PROJECT DESCRIPTIONS |
|-----------|-------------|---------|-----|----------|----------------------|
|-----------|-------------|---------|-----|----------|----------------------|

Alterations to this document may result in delayed application approval, modification, or reimbursement requests.  
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #: 123456789



2008-0026

|           |   | AUTO FIT ROWS   |  | ROW SIZE 145  |
|-----------|---|---|--|---|
| Project   | State Investment Justification Goals and Objectives | Project Description   | Need   | Project Milestone & Justifications  |
| Project A | Investment #1<br>Goal 1<br>Objective #1.12          | This project involves the purchase of a Type I Mobile Emergency Operations - Mobile Communications Vehicle. The unit will include local, county, regional, state, and national mutual aid communications capabilities. The unit will be a regional mutual aid resource and will be housed and maintained by the Orange County Sheriff's Department. The unit will be a regional mutual aid resource and will be housed and maintained by the Orange County Sheriff's Department. The unit will be a regional mutual aid resource and will be housed and maintained by the Orange County Sheriff's Department. | Using the TCL as a benchmark to have interoperable communications established with local, state, and regional authorities within 30 minutes of a major incident there are no local Mobile EOC/Communications Vehicles immediately available to meet this requirement. The closest most appropriate Mobile EOC/Communications vehicle is a San Bernardino County Sheriff unit though is not always available due its response area covering more than 20,015 square miles.Using the TCL as a benchmark to have interoperable communications established with local, state, and regional authorities within 30 minutes of a major incident there are no local Mobile EOC/Communications Vehicles immediately available to meet this requirement. The closest most appropriate Mobile EOC/Communications vehicle is a San Bernardino County Sheriff unit though is not always available due its response area covering more than 20,015 square miles.Using the TCL as a benchmark to have interoperable communications established with local, state, and regional authorities within 30 minutes of a major incident there are no local Mobile EOC/Communications Vehicles immediately available to meet this requirement. The closest most appropriate Mobile EOC/Communications vehicle is a San Bernardino County Sheriff unit though is not always available due its response area covering more than 20,015 square miles.Using the TCL as a benchmark to have interoperable communications established with local, state, and regional authorities within 30 minutes of a major incident there are no local Mobile EOC/Communications Vehicles immediately available to meet this requirement. The closest most appropriate Mobile EOC/Communications vehicle is a San Bernardino County Sheriff unit though is not always available due its response area covering more than 20,015 square miles. | At the 6 month mark, this project will be ___% complete and \$___ funds will be expended.<br>At the 12 month mark, this project will be ___% complete and \$___ funds will be expended.<br>At the 18 month mark, this project will be ___% complete and \$___ funds will be expended. |
| Project B | Investment #2<br>Goal 2<br>Objective 2.8            | This project supports the Multi-UASI Information Sharing, Collaboration and Law Enforcement Investment with California's other UASIs. The local project will involve our linkage to the Coplink information sharing and law enforcement case de-confliction product. Project elements will include licensing, user fees, software, and vendor training and technical support. Project deliverables include; Coplink (a proprietary) Information Sharing/Case De-confliction system.   | Currently there is no existing law enforcement information sharing or case de-confliction system in place within the region. Law enforcement investigative sharing and case de-confliction is essential to support the on the ground anti-terrorism, prevention, interdiction, and investigative activities currently being conducted by law enforcement personnel and agencies with jurisdictional authority.   | At the 6 month mark, this project will be ___% complete and \$___ funds will be expended.<br>At the 12 month mark, this project will be ___% complete and \$___ funds will be expended.<br>At the 18 month mark, this project will be ___% complete and \$___ funds will be expended. |

Sample

# FMFW: Grant Management Roster

CALIFORNIA EMERGENCY MANAGEMENT AGENCY



| Instruct. | Auth. Agent | Summary | AEL | Specific | GRANT MANAGEMENT |
|-----------|-------------|---------|-----|----------|------------------|
|-----------|-------------|---------|-----|----------|------------------|

*Alterations to this document may result in delayed application approval, modification, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA #: 123456789

2008-0026

# Sample

[illegible]

# CALIFORNIA EMERGENCY MANAGEMENT AGENCY




| Instruct. | Auth. Agent | Summary | AEL | Specific | EQUIPMENT INVENTORY |  |  |  |  |               |  |                                 |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|-----------|-------------|---------|-----|----------|---------------------|--|--|--|--|---------------|--|---------------------------------|--|----------------------------|--|---------------|--|-----------------------|--|-----------------------|--|--------------|--|------------|--|---------------|--|---------------------|--|---------------|--|---------------|--|---------------------------|--|-------------------|--|
|           |             |         |     |          |                     |  |  |  |  | CFDA #:       |  | 123456789                       |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | <b>CLEAR</b>  |  | <b>LEDGER TYPE:</b>             |  | Initial Application        |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | Initial App.  |  | Today's Date:                   |  | Tuesday, June 02, 2009     |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | Cash Req.     |  | Expenditure Period:             |  | (Date) From:<br>(Date) To: |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | <b>MOD.</b>   |  | Advance                         |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | FORMULA RESET |  | ROW SIZE 15                     |  | ROW SIZE AUTO              |  | Calendar      |  | NEW CASH/ MOD REQUEST |  | NEW MOD ITEM          |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | ROW           |  | ROW                             |  | ROW                        |  | ROW           |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | AEL LOOKUP    |  |                                 |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | 2008-0026     |  |                                 |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | AEL           |  | FORMULA RESET                   |  | ROW SIZE 15                |  | ROW SIZE AUTO |  | Calendar              |  | NEW CASH/ MOD REQUEST |  | NEW MOD ITEM |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | ROW           |  | ROW                             |  | ROW                        |  | ROW           |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | Project       |  | Equipment Description           |  | AEL #                      |  | AEL Title     |  | Funding Source        |  | Invoice Number        |  | Vendor       |  | Total Cost |  | Total Claimed |  | Cash Request Number |  | Acquired Date |  | ID Tag Number |  | Condition and Disposition |  | Deployed Location |  |
|           |             |         |     |          |                     |  |  |  |  | S             |  | H                               |  |                            |  |               |  |                       |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | A             |  | GPS EMBEDDED PORTABLE RADIO     |  | 06CP-01-                   |  | Radio,        |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | B             |  | FIRE VEHICLE DATA TERMINAL      |  | 04HW-01-                   |  | Computer,     |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | C             |  | CHOWCHILLA MESH                 |  | 06CP-04-                   |  | Network,      |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | C             |  | MICROWAVE COMMS SYSTEM          |  | 06CP-03-                   |  | Radio,        |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | C             |  | ROAD MESSAGE SIGNS              |  | 04AP-09-                   |  | Systems,      |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | D             |  | COMMAND POST RADIOS             |  | 06CP-01-                   |  | Radio, Mobile |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | E             |  | COMMAND POST EQUIP              |  | 21GN-00-                   |  | Equipment     |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | E             |  | CITIZEN CORPS SAFETY & ID EQUIP |  | 21GN-00-                   |  | Equipment,    |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | E             |  | SWAT VESTS                      |  | 01LE-01-                   |  | Armor, Body   |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | F             |  | SWAT RADIOS                     |  | 06CP-01-                   |  | Radio,        |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | G             |  | TACTICAL SLINGS                 |  | 01ZA-06-                   |  | Padding,      |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | G             |  | EOC MPD                         |  | 21GN-00-                   |  | Equipment     |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | H             |  | TLO SURVEILLANCE - REMOTE CAM   |  | 14SW-01-                   |  | Systems,      |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | H             |  | WATER WELL SURVEILLANCE         |  | 04SW-05-                   |  | System,       |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | I             |  | WATER WELL SURVEILLANCE         |  | 21GN-00-INST               |  | Installation  |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |
|           |             |         |     |          |                     |  |  |  |  | I             |  | MOA EXERCISE EQUIP              |  | 21GN-00-                   |  | Equipment,    |  | SHSGP                 |  |                       |  |              |  |            |  |               |  |                     |  |               |  |               |  |                           |  |                   |  |

Sample



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☐ Yes  
☐ Maybe, need more information  
☐ No

### RKB Mission

"Provide emergency responders, purchasers, and planners with a trusted, integrated, online source of information on products, standards, certifications, grants, and other equipment-related information."

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[Standards](#)  
[Certifications and Declarations](#)  
[Operational Assessments](#)

## Welcome to the Responder Knowledge Base

### OSHA Best Practices for Protecting EMS Responders during Treatment and Transport of Victims of Hazardous Substance Releases

Occupational Safety and Health Administration (OSHA) released its Best Practices for Protecting EMS Responders during Treatment and Transport of Victims of Hazardous Substance Releases. This guide is intended for employers of EMS responders and discusses the measures these employers need to take to protect their EMS responders from becoming additional victims while on the front line of medical response.

[Read More](#)

### Staffing for Adequate Fire and Emergency Response (SAFER) Grant Application Period Open

The application period for the FY 2009 Staffing for Adequate Fire and Emergency Response (SAFER) grants is now open. Applications for these grants must be received by December 18, 2009, at 5:00 p.m. (ET). The Program Guidance document for the FY 2009 ...

[Read More](#)

### Proposed rule for Total Inward Leakage for Half-Mask APRs published in the Federal Register

The proposed rule for Total Inward Leakage Requirements for Half-Mask Air-Purifying Particulate Respirators has been published in the Federal Register. Comments will be accepted until December 29, 2009. The information regarding this activity can be ...

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### RKB Recommends

- [Commercial Equipment Direct Assistance Program](#)
- [Decontamination Efficacy Matrix](#)
- [DHS S&T Tech Solutions](#)

### Events Calendar

<< **November 2009** >>

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| 8   | 9   | 10  | 11  | 12  | 13  | 14  |
| 15  | 16  | 17  | 18  | 19  | 20  | 21  |
| 22  | 23  | 24  | 25  | 26  | 27  | 28  |
| 29  | 30  |     |     |     |     |     |

Days with events are highlighted

### Recent News

[OSHA Best Practices for Protecting EMS Responders during Treatment and Transport of Victims of Hazardous Substance Releases](#)

[Staffing for Adequate Fire and Emergency Response \(SAFER\) Grant Application Period Open](#)

[Proposed rule for Total Inward Leakage for Half-Mask APRs published in the Federal Register](#)


[RKB Watch List Feature](#)

[New National Cybersecurity and Communications Integration Center Open](#)


[FREE Wireless Information System for Emergency Responders \(WISER\)](#)

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## SEL & Integrated Display

The RKB offers interactive versions of both the AEL and SEL, as well as a new integrated display.  
Please choose one of the options below:





### FEMA Preparedness Grants Authorized Equipment List

The Authorized Equipment List (AEL) is produced by the FEMA Grant Programs Directorate, Department of Homeland Security. It is the generic list of equipment items allowable under several DHS programs, including the Homeland Security Grant Program. This choice displays only the official AEL.



### InterAgency Board Standardized Equipment List

The Standardized Equipment List (SEL) is produced by the InterAgency Board for Equipment Standardization and Interoperability (IAB), and contains minimum equipment recommendations for response to WMD incidents. It includes recommended features and operating considerations. This choice displays only the SEL.



### Integrated AEL / SEL Display

To support the response community, the RKB has developed an integrated format that displays both SEL and AEL information in a single record. This choice will provide all of the information from both lists without the need for cross-references.



# DHS Authorized Equipment List

Search Phrase:

The **Authorized Equipment List (AEL)**, published by the FEMA Grant Programs Directorate, Department of Homeland Security, is used to determine equipment allowability under multiple grant programs as shown below. This version of the AEL applies to **FY2005 and later Fiscal Years** unless otherwise noted in the individual item data.

**This list contains all items. Click [here](#) to customize by Grant.**

[Expand](#) | [Collapse All](#) (may take a while)

## ☐ AEL

- ☐ [01] Personal Protective Equipment
- ☐ [02] Explosive Device Mitigation and Remediation Equipment
- ☐ [03] CBRNE Operational and Search and Rescue Equipment
- ☐ [04] Information Technology
- ☐ [05] Cyber Security Enhancement Equipment
- ☐ [06] Interoperable Communications Equipment
- ☐ [07] Detection
- ☐ [08] Decontamination
- ☐ [09] Medical
- ☐ [10] Power
- ☐ [11] CBRNE Reference Materials
- ☐ [12] CBRNE Incident Response Vehicles
- ☐ [13] Terrorism Incident Prevention Equipment
- ☐ [14] Physical Security Enhancement Equipment
- ☐ [15] Inspection and Screening Systems
- ☐ [16] Agricultural Terrorism Prevention, Response, and Mitigation Equipment
- ☐ [17] CBRNE Prevention and Response Watercraft
- ☐ [18] CBRNE Aviation Equipment
- ☐ [19] CBRNE Logistical Support Equipment
- ☐ [20] Intervention Equipment
- ☐ [21] Other Authorized Equipment



[View the AEL change log](#)

## Downloads

**Download a copy of the AEL:**

- PDF (Section 508 Accessible)
- PDF (Checkbox Format)
- MS Excel

### ▼ FY2009 Grant Guidance **New!**

- FY2009 BZPP Grant Guidance
- FY2009 EMPG Grant Guidance
- FY2009 HSGP Grant Guidance
- FY2009 IBSPG Grant Guidance
- FY2009 IECGP Grant Guidance
- FY2009 OPSG Grant Guidance
- FY2009 PSGP Grant Guidance
- FY2009 RCPGP Grant Guidance
- FY2009 SHSP-tribal Grant Guidance
- FY2009 TSGP Grant Guidance
- FY2009 TSP Grant Guidance
- FY2009 UASI-NSGP Grant Guidance

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### ► [FY2007 Grant Guidance](#)

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Matthew R. Bettenhausen, Director

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### Homeland Security Training and Exercises



**MISSION STATEMENT:**

The mission of the Homeland Security Training Branch is to build the preparedness community of California by providing training referrals, materials. Through partnerships with federal, state and local agencies, ensure the widest possible access to WMD/CBRNE/terrorism training and exercises, and coordinate the delivery of training and exercises.

For additional information regarding the Homeland Security Grant Program, contact the Training Branch at (916) 324-9128, Fax 916-324-5929, Monday through Friday, 9:00 a.m. to 5:00 p.m. PST.

[FY 2009 Homeland Security Grant Program](#)

[May's 2009 Training Bulletin](#) [pdf]. Consolidation of State and Federal Training Opportunities

California NON-SLGCP Courses Available for ODP Fund Expenditures.

The California Office of Homeland Security (OHS), is pleased to announce that Operational Areas (OA's) and Homeland Security Grant Program (HSGP) funds for Federal and California courses are required to submit a Training Request Form and assign a Federal Tracking Number which is used for grant reimbursement. Homeland Security Grant Program (HSGP) funds for Federal and California courses are required to submit a Training Request Form and assign a Federal Tracking Number which is used for grant reimbursement. Homeland Security Grant Program (HSGP) funds for Federal and California courses are required to submit a Training Request Form and assign a Federal Tracking Number which is used for grant reimbursement.

**\* To attend all WMD/CBRNE Courses, please submit the Training Request Form electronically.**

**\* Terrorism Awareness Courses** offered to accommodate California's TLO Course Requirements.

[Overseas Travel Procedures Link](#) [pdf]

[Mobile Training Team Request Form](#) [doc]

[Instructions for Course Development](#)

**Training and Exercises**

- [Exercise Branch](#)
- [Training Branch](#)
- [Public Information Tools](#)
- [Public Officials](#)
- [State Training Providers](#)
- [Training Courses](#)
- [Training Request Form](#)
- [Training Applications](#)

**Propositions**

- [1B - Transportation](#)
- [1C - Housing](#)
- [1D - Education](#)
- [1E - Flood Control](#)
- [84 - Natural Resources](#)

**Lease Revenue Bonds**

- [Department of Corrections and Rehabilitation](#)



# www.ohs.ca.gov/forms/default.asp

**Governor's Office of Homeland Security - course enrollment form - Mozilla Firefox**

File Edit View History Bookmarks Tools Help

http://www.ohs.ca.gov/forms/default.asp

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**CA.GOV** Governor's Office of Homeland Security  
Matthew R. Bettenhausen, Director

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**Training and Exercises**

- [Exercise Branch](#)
- [Training Branch](#)
- [Public Officials](#)
- [State Training Providers](#)
- [Training Calendar](#)
- [Online Courses](#)
- [Training Request Form](#)
- [Training Applications](#)

**Propositions**

- [1B - Transportation](#)
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- [1E - Flood Control](#)
- [84 - Natural Resources](#)

**Lease Revenue Bonds**

- [Department of Corrections and Rehabilitation](#)

**Home -> Training -> Training Request Form**

## Training Request Form

**Training Officer (POC)**

First Name:

Last Name:

Email:

Phone Number:

Course Title:

Level of Training:

Disciplines Trained:

(Hold CTRL Key to select more than one discipline)

- Law Enforcement
- Emergency Medical Services
- Emergency Management Agency
- Fire Service
- Hazardous Material
- Public Works
- Governmental Administrative
- Public Safety Communications
- Health Care
- Public Health
- Other

Training Provider:

Date(s) of Course:

FROM: 1 January 2008

TO: 1 January 2008

Click Submit

# FMFW: Planning Roster

CALIFORNIA EMERGENCY MANAGEMENT AGENCY



| Instruct. | Auth. Agent | Summary | AEL | Specific | PLANNING ROSTER |  |  |  |  |
|-----------|-------------|---------|-----|----------|-----------------|--|--|--|--|
|-----------|-------------|---------|-----|----------|-----------------|--|--|--|--|

*Alterations to this document may result in delayed application approval, modification, or reimbursement requests.  
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA #: 123456789

2008-0026

Sample

| SELECTION | SELECTION           | SELECTION | SELECTION                  | FORMULA | ROW SIZE   | ROW SIZE       | Calendar   | NEW CASH/ MOD REQUEST | NEW MOD ITEM        | CLEAR   | LEDGER TYPE: |
|-----------|---------------------|-----------|----------------------------|---------|------------|----------------|------------|-----------------------|---------------------|---|--------------|
| ROW       | ROW                 | ROW       | ROW                        | RESET   | 15         | AUTO           |            |                       |                     | Initial App.  |              |
|           |                     |           |                            |         |            |                |            |                       |                     | Cash Req.   |              |
|           |                     |           |                            |         |            |                |            |                       |                     | MOD.  |              |
|           |                     |           |                            |         |            |                |            |                       |                     | Advance   |              |
| Project   | Planning Activity   |           | Solution Area Sub-Category |         | Discipline | Funding Source | Total Cost | Total Claimed         | Cash Request Number | Final Product                                       |              |
|           |                     |           | S                          | H       | S          | H              | \$44,500   | \$44,500              |                     |   |              |
| C         | Risk & Gap Analysis |           | Planning Person            |         | EMG        | UASI           | 44,500     | 44,500                |                     | Risk & Gap Analysis (phase 1 of multi-year project) |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |
|           |                     |           |                            |         |            |                |            |                       |                     |   |              |

[illegible]





| Instruct. | Auth.<br>Agent | Summary | AEL | Specific | AUTHORIZED AGENT |
|-----------|----------------|---------|-----|----------|------------------|
|-----------|----------------|---------|-----|----------|------------------|

*Alterations to this document may result in delayed application approval, modification, or reimbursement requests.  
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CFDA #:

Supporting Information for Reimbursement/Advance of State and Federal Funds

Reimbursement Type (Select one option below)

This request is for an/a:

**Initial Application****Initial App****Cash  
Request****Modification****Advance****CLEAR**

This claim is for costs incurred within the grant expenditure period from  
and does not cross fiscal years.

(Beginning Expenditure Period Date)

through

(Ending Expenditure Period Date)

# Sample

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

By signing below, I hereby certify that I am the duly appointed Authorized Agent and have the authority to apply for the Homeland Security, Transit Security, Non-Profit Security Grant Program, PROP 1B, Urban Area Security Initiative, and the Operational Area's application represents the needs for the State Homeland Security Program

Printed Name

Signature of Authorized Agent

Date

**Mail workbooks to:**

Your Rep's Name

Homeland Security Grants - CalEMA

California Emergency Management Agency

3650 Schriever Avenue

Mather, CA 95655

**Enter Date**

| Instruct.                                    | Auth. Agent | Summary | AEL | Specific | APPLICATION CHECKLIST |      |    |    |  |
|--|-------------|---------|-----|----------|-----------------------|------|----|----|--|
|  |             |         | OA  |          | OA                    | UASI | SA | TA |  |
| <div>Org. type (select one from above)</div> |             |         |     |          |                       |      |    |    |  |

2008-0026

NOTES

## OPERATIONAL AREA

|          |             |   |   |  |
|----------|-------------|---|---|--|
| Complete | In-Complete |   | APPLICATION FORMS - OPERATIONAL AREAS                   |  |
| Complete | In-Complete |   | Coversheet  |  |
| Complete | In-Complete |   | Approval Authority & POC Contact Information            |  |
| Complete | In-Complete | X | Approval Authority Body (Member Information) form       |  |
| Complete | In-Complete | X | Governing Body Resolution - Authorized Agents           |  |
| Complete | In-Complete | X | Grant Assurances  |  |
| Complete | In-Complete | X | Financial Management Forms Workbook                     |  |
| Complete | In-Complete | X | Project Ledger  |  |
| Complete | In-Complete | X | Project Description                                     |  |
| Complete | In-Complete | X | Planning Roster   |  |
| Complete | In-Complete | X | Equipment Inventory - Ledger                            |  |
| Complete | In-Complete | X | Training Roster   |  |
| Complete | In-Complete | X | Exercise Roster   |  |
| Complete | In-Complete | X | Grant Mgt Capacity/Roster                               |  |
| Complete | In-Complete | X | Authorized Agent Signature                              |  |
| Complete | In-Complete | X | Narrative Attachments (Hard Copy to be Mailed)          |  |
| Complete | In-Complete | X | CAL JRIES Access  |  |
| Complete | In-Complete | X | TLO Identification                                      |  |
| Complete | In-Complete | X | Description of 25% Federal Overarching Priorities 2 & 3 |  |
| Complete | In-Complete | X | TICP*   |  |

Completed Items

17

Total Items

20

Percent Complete

85%



# CALIFORNIA EMERGENCY MANAGEMENT AGENCY



| Instruct. | Auth. Agent | Summary | AEL | Specific | SUMMARY |  |  |  |  |  |  |  |  |  |
|-----------|-------------|---------|-----|----------|---------|--|--|--|--|--|--|--|--|--|
|-----------|-------------|---------|-----|----------|---------|--|--|--|--|--|--|--|--|--|

**WARNING!** Do not alter this sheet in any way. Do not insert/delete columns/rows etc. Any alteration will disable macros associated with running this report.

Date: 5/19/2009

ENTER DATE

2008-0026

CLEAR ALL RUN ALL

This report is generated from the following sheet (Enter Sheet Name):

project ledger

GO TO

AWARDS PROJECTS ALLOCATIONS SOL. AREA FUNDING

## Grant Awards and Amounts

CLEAR

| Grants  | Grant Name                              | Grant Number | Grant Year | Award Amt. |
|---------|---|--------------|------------|------------|
| Grant 1 | Nonprofit Security Grant Program (NSGP) | 2008-0026    | 2008       | 652,314    |
| Grant 2 |   |              |            |            |
| Grant 3 |   |              |            |            |
| Grant 4 |   |              |            |            |
| Grant 5 |   |              |            |            |
|         |   |              |            | 652,314    |

Sample

## Project Summary

CLEAR

| Project | Projects                                  | Obligated | Expended |
|---------|---|-----------|----------|
| A       | Computer Aided Dispatch Interconnectivity | 38,250    | -        |
| B       | Telephonic Emergency Alert System         | 4,500     | -        |
| C       | Hazardous Materials Team-SCBA             | 51,400    | -        |
| D       | Interoperable Communications Equipment    | 94,432    | -        |
| E       | Emergency Operating Center Strategic Plan | 33,000    | -        |
| F       | Geographic Information System Data        | 136,200   | -        |
| G       | Evacuation Planning                       | 49,500    | -        |
| H       | Urban Search and Rescue                   | 87,350    | -        |
| I       | Community Outreach                        | 20,619    | -        |
| J       | Training                                  | 63,295    | -        |
| K       | Trauma Kits for Emergency Response        | 15,468    | -        |
| L       | Testing                                   | 56,112    | -        |
| M       | Training                                  | 321,000   | -        |

|  |         | +/ -    |
|--|---------|---------|
| Sum of UASI and SHSGP Award:                       | 650,126 |         |
| Law Enforcement Requirement (Minimum 25% of HSGP): | 31.094% | 6.094%  |
| Sum of HSGP Award (SHSGP, UASI, MMRS, CCP):        | 971,126 |         |
| Training Requirement (Minimum 10% of HSGP):        | 37.11%  | 27.111% |
| Sum of HSGP Award (SHSGP, UASI, MMRS, CCP):        | 971,126 |         |
| Preparedness Requirement (Minimum 25% of HSGP):    | 20.65%  | -4.354% |

# **Financial Management Forms Workbook**

- **FMFW v1.09 can currently be used for FY 2009**
- **Marked with a disclaimer advising against altering the document**

**“Alterations to this document may result in delayed application approval, modification, or reimbursement requests. Subgrantees may be asked to revise and/or resubmit any altered Financial Management Forms Workbook.”**

# **Cash Request (Reimbursement)**

# Cash Request Process

- 1. Sub-grantee submits request**
- 2. Regional Representative for review & approval**
  - **Verify cash request is filled out completely (i.e. dollar amounts are in the correct columns; the expenditure period is listed)**
  - **Payment for Equipment: Equipment Ledger must be completed (AEL) and attached.**
  - **Payment for Training: Training roster must be completed and attached.**
  - **Payment for Exercise: Exercise roster must be completed and attached. Date of After Action Report (AAR) entered into HSEEP**

# **Cash Request Process**

## **2. Regional Representative for review & approval (continued)**

- **Verify Milestone/ Extension Date – Always verify if equipment purchased met the performance milestone period and granted extension.**
- **Expenditure Period – Verify expenditure period does not cross fiscal years  
(State fiscal year - July 1<sup>st</sup> to June 30<sup>th</sup>)**

## **3. Fiscal Analyst inputs data into ALS**

- **Check the ALS to verify that “Wet” signature on request is an authorized agent.**

# **Cash Request Process**

- 4. Fiscal Analyst reviews**
- 5. Fiscal Program Manager reviews and approves**
- 6. Director final approval**
- 7. Request forwarded to Accounting, and payment notification is mailed to subgrantee**
- 8. Accounting transmits claim schedule to State Controller's Office**
- 9. Warrant Issued (Check)**



# Cash Request Process (without macros)

## First Cash Request:

1. Copy "Project Ledger" tab and rename to "Cash Request #1"
2. Complete "Cash Request #1"

## Second and Subsequent Cash Requests:

1. Copy "Cash Request #1"
2. Rename tab to "Cash Request #2"
3. Copy amounts from "Total Approved" column into "Amount Paid previous" column
4. Clear "Amount This Request" column
5. Enter amounts for current request
6. Submit and repeat steps above for subsequent requests

# Cash Advance

# Cash Advance

## FY2006 - FY2009 Grants

- Draw down funds up to 120 days (PSIC - 30 Days) prior to expenditure
- Federal guide requires advances must be deposited in interest bearing account
- Interest returned at least quarterly
- Draw down funds as close to expenditure as possible
- All interest earned must be reported to Cal EMA Accounting
- Subgrantee may retain \$100 in interest per Federal Fiscal Year for administrative expenses (Not per award)

## **Cash Advance**

- **All funds not expended within 120 (PSIC-30 Days) days must be returned to Cal EMA accounting**
- **Status of all advances will be reported on cash requests subsequent to the advance**

**Interest returned at least quarterly to:**

**United States Dept. of Health & Human Services  
Division of Payment Management Services  
P.O. Box 6021  
Rockville, MD 20852**

# Modification

# **Modification Request (without macros)**

- 1. Latest Working Project ledger**
- 2. Copy "Project Ledger" tab**
- 3. Rename to "Modification X", with "X" representing the modification number**
- 4. Red Strikethrough for delete**
- 5. Blue for new text**
- 6. Submit to Cal EMA electronically (Email)**
- 7. Cal EMA's Regional Representative will review, approve or request additional information**
- 8. Once approved, submit approved modification with "wet" signature page from Authorized Agent.**
- 9. Use latest modification as basis for next cash request**

# **Subgrantee responsibilities in Modification Request**

- **Communicate request to Cal EMA**
- **Receive approval and confirmation**
- **Request funds consistent with the modification**
- **Biannual Strategy Implementation Report (BSIR)**
- **Report changes in Grant Reporting Tool (GRT)**



# Closeout

# Closeout Letters FY01 - FY04

# 453

|   |       |
|---|-------|
| 2002-0088-FY01 State Domestic Preparedness Grant Program      | (57)  |
| 2002-0133-FY02 State Domestic Preparedness Grant Program      | (60)  |
| 2003-0167-FY03 State Homeland Security Grant Program – Part 1 | (93)  |
| 2003-0035-FY03 State Homeland Security Grant Program – Part 2 | (113) |
| 2003-0023-FY03 Urban Areas Security Initiative Grant – Part 2 | (7)   |
| 2004-0045-FY04 Homeland Security Grant Program                | (107) |
| 2004-0014-FY04 Urban Areas Security Initiative                | (16)  |

# **Equipment Inventory Ledgers for FY04 & FY05**

**On October 14<sup>th</sup>, 2009 (Part 1)**

**To All California Emergency Management Agency  
(Cal EMA) Subgrantees-**

**We are respectfully requesting your assistance in compiling the Fiscal Year 2004 and Fiscal Year 2005 Equipment Ledgers from our subgrantees.**

**As you know, we have information for the pre-FY04 and post-FY05 awards; however, we will need to gather the FY04 and FY05 data in an attempt to meet our ongoing monitoring and audit requirements.**

**Consequently, we would appreciate your cooperation in completing the attached FY04 and FY05 Equipment Ledgers, where applicable, and submitting them to Christopher Sampang at [Christopher.Sampang@ohs.ca.gov](mailto:Christopher.Sampang@ohs.ca.gov) no later than October 31, 2010.**

# **Equipment Inventory Ledgers for FY04 & FY05**

**On October 14<sup>th</sup>, 2009 (Part 2)**

**Earlier spreadsheets will certainly be welcomed.**

**In this fashion we can ensure the Cal EMA continues to meet its federal reporting requirements on all homeland security grant program awards.**

**If you already have this data in another format, please submit those spreadsheets to the above individual.**

**Thank you all in advance for your cooperation and please contact me, your Program Representative, or the Fiscal and Reporting Unit should you have any questions.**

# **Grant Closeout Requirements**

**Sub-grantee must submit request to Cal EMA to close the grant award (letter head)**

**The body of the letter must address the following:**

- **All approved work has been completed**
- **All funds have been requested**



# **Grant Closeout Requirements**

- **If funds will not be utilized, authorization to disencumber the funds.**
- **Reconciliation of actual costs to awards, modifications, reimbursements or advances**
- **Certification that any Corrective Action Plan as a result of monitoring findings has been completed /resolved**
- **Acknowledgement of the record retention period**

# **Grant Closeout Retention Period**

- **Three years**
- **In event of litigation, claim, negotiation, audit, other action involving the records**
- **Records must be retained until completion of the auction and resolution of all issues which arise from it**

# Sample Close Out Letter

The \_\_\_\_\_ is formally requesting closure to our sub-grant award for the FY \_\_\_\_\_ Homeland Security Grant, award \_\_\_\_\_

I certify the following for each of these grants:

- All approved work has been completed.
- None of the audits of our federal grant money expenditures have generated Corrective Action Plans or other remedial measures.
- All funds have been requested and received from the State of California.
- Actual costs have been reconciled with award amounts, which includes modifications, reimbursements and/or advances.
- I acknowledge the retention period, as shown below.

"Retention Period. The three-year retention period starts from the date of the submission of the closure of the single audit report which covers the entire award period. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records must be retained until the completion of the action and resolution of all issues which arise from it or until the end of the regular three year period, whichever is later."

- the 2005 Department of Justice Financial Guide as quoted in  
California Office of Homeland Security memo distributed  
27 March 2006.

# **Web Links:**

**California Emergency Management Agency  
[www.calema.ca.gov](http://www.calema.ca.gov)**

**Responder Knowledge Base  
[www.rkb.us](http://www.rkb.us)**

**Grant Tools  
(DHS & DOJ Financial Management Guide)  
[www.ohs.ca.gov/grants\\_tools.html](http://www.ohs.ca.gov/grants_tools.html)**

**Closeout – Disposition  
[www.ojp.usdoj.gov/financialguide/part3/part3chap6.htm](http://www.ojp.usdoj.gov/financialguide/part3/part3chap6.htm)**

